2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90277 039 ***158.75

1.

SIGNATURE:



1. Entity Name SER-Q-PRO COMMERCIAL CLEANING SOLUTIONS OF FLORIDA, INC. Principal Place of Business Mailing Address 94076862 **6011 BLACK PLUM COURT** 6011 BLACK PLUM COURT TAMARAC, FL 33321--TAMARAC: FL 33321 Mailing Addres ORANGE DUIVE Principal Place of Quainess Drive 04272004 CR2E034 (10/03) 4. FEI Number Applied For BA- 0561580 Not Applicable Country A Country \$8.75 Additional 5. Certificate of Status Desired 3330 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBLES, MARCIA A 6011 BLACK PLUM GOURT TAMARAC, FL. 33321 Zip C3 33330 DYY!€ 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 0H- &T- 0H SIGNATURE Signalose typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Delete TITLE Change Addition TITLE MARCIA A. ROBIES 12555 ORANGE DRIVE, \$3-A DAVIE, FL 33330 ROBLES, MARCIA A NAME NAME 6011 BLACK PLUM COURT STREET ADDRESS STREET ADDRESS CITY~ST-7IP JAMARAC, FL 33321 1 CITY-ST-ZIP Addition ☐ Defete TITLE Luis I. VE ARQUEZ. 12555 Onance Drive, #3-A Dyrie FL 33330 ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver/or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-04